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ABSTRACT

The paper, originally given at a 1986 Ethnic and Multicultural Symposium, provides an overview of educational opportunities for American Indian handicapped and gifted/talented students in the United States. Prevalence data of handicapping conditions among Indian children is presented for public schools, schools under the Bureau of Indian Affairs, and Head Start programs. Data for numbers of American Indian children in programs for the gifted and talented indicates continued underrepresentation while Indian children are overrepresented in learning disabilities classes. The need for fair nondiscriminatory testing and evaluation procedures is stressed in sections on referral and assessment. Also reviewed are activities to increase parent involvement and to increase the number of American Indian special education personnel. Policy advances are identified in the areas of special strengthened state grant participation, preschool and early childhood services, discretionary programs, and vocational rehabilitation. Service delivery and research needs are identified in the areas of children served (both handicapped and gifted and talented); identification, assessment, and placement; parental involvement; personnel; early education; and rehabilitation. (DB)

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American Indian Exceptional Children: Improved Practices and Policy

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Enactment of the Education for All Handicapped Children Act, P.L. 94–142, heralded an era of increased educational opportunities for American Indian and Alaskan Native children in need of special education irrespective of where they are geographically or whether they attend public, federal, or tribally controlled schools. At the same time, the procedural protections embodied in the law provided a framework to address concerns related to the disproportionate representation of Indian children in certain special education programs.

Other areas of concern related to the education of American Indian exceptional children and youth include (a) training programs to prepare American Indians as special educators and related support personnel; (b) multicultural training specific to American Indians for personnel serving or preparing to work with American Indian children with handicaps; (c) involvement of parents and families of American Indian children receiving or being considered for special education (National Indian Education Association, 1977); and (d) the educational needs of American Indian gifted and talented children and their families.

This chapter reviews pertinent literature and public policy developments over the past decade related to the education of American Indian exceptional infants, children, and youth. Areas of further study and research are identified, including suggestions for improved service delivery.

CHILDREN WITH HANDICAPS

The following section contains information on the prevalence of handicapping conditions among American Indian children.

Public Schools

Between 1978 and 1986, the number of American Indian students attending public elementary and secondary schools in the United States increased from 329,430 to 355,796 students, an increase of 8% (DBS Corporation, 1987; Office for Civil Rights, no date). During the same period, the number of American Indian students enrolled in programs for the mentally retarded, speech impaired, seriously emotionally disturbed, and learning disabled rose 41.8%. Of the 36,973 American Indian students in special education programs, nearly 55% of the students were in classes for the learning disabled. The categories of speech impaired and learning disabled accounted for more than 80% of the American Indian children and youth in special education.

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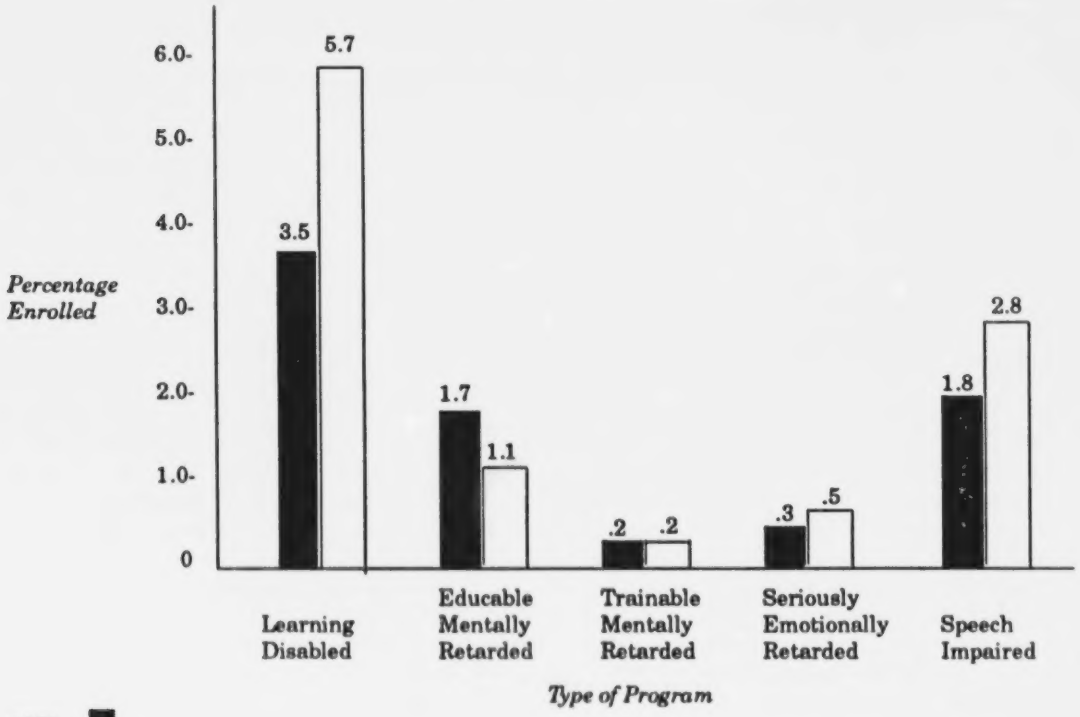
FIGURE 1

Percentage of American Indian Students in Selected Public School Special Education Programs 1978 and 1986



Note: From *Elementary and Secondary School Civil Rights Survey, National Summaries* by DBS Corporation, 1987, Washington, DC: Office of Civil Rights, U.S. Department of Education and *Directory of Elementary and Secondary School Districts and Schools in Selected School Districts: School Year 1978–1979* (Vol. 1) by Office for Civil Rights, U.S. Department of Education, (no date), Washington, DC: Author.

Figure 1 depicts the proportion of American Indian public elementary and secondary school students in selected special education programs in 1978 and 1986. During this period the proportion of American Indian students identified as learning disabled and speech impaired increased more than 60% and 50% respectively. The proportion of these students enrolled in programs for the seriously emotionally disturbed and trainable mentally retarded also increased. The sole decrease occurred in the percentage of Indian students in classes for the educable mentally retarded.

Bureau of Indian Affairs

In 1986 Bureau of Indian Affairs (BIA) elementary and secondary schools served approximately 38,000 American Indian students. During the 1985–1986 school year, 5,388 students received special education and related services in accordance with the requirements

of P.L. 94–142 (U.S. Department of Education, 1987). Of this number 53.9% were identified as learning disabled and 24.7% as speech/language impaired. Smaller numbers of students were classified as mentally retarded (9.2%), emotionally disturbed (4.5%), and multiply handicapped (5.4%). Less than 3% of the students were identified as other health impaired, orthopedically impaired, hearing impaired, or visually handicapped.

Since 1977–1978 the number of children receiving special education and related services in BIA-operated and -supported schools increased by 35%. During this period the number of learning disabled and speech/language impaired children and youth doubled whereas the number of mentally retarded students declined (Ramirez, 1987). In terms of age, students 6 to 17 years old accounted for 90% of the children and youth receiving special education and related services.

Head Start

The vast majority of American Indian children participating in Head Start programs reside on Indian reservations or in Alaskan Native villages and are served through programs operated by the governing bodies of an Indian tribe or Alaskan Native village. In 1984–1985 the 103 Indian Head Start grantees enrolled 16,548 children of which 1,907 (11.52%) were professionally diagnosed as handicapped (U.S. Department of Health and Human Services, 1986). Between 1979–1980 and 1984–1985, the proportion of children enrolled in Indian Head Start programs identified as handicapped increased from 8.7% to 11.5% (Ramirez, 1987).

Of the handicapped children enrolled in Indian Head Start programs in 1983–1984, 66% were diagnosed as speech impaired. This is consistent with the proportion of speech impaired children served by Head Start overall as well as those served by public schools under P.L. 94–142 (U.S. Department of Health and Human Services, 1986). The distribution of other categories of children with handicaps was 10.7% health impaired, 6.4% physically handicapped, 4.4% mentally retarded, 3.8% specific learning disabled, 3.5% hearing impaired, 2.3% seriously emotionally disturbed, 2.3% visually impaired, .2% blind, and .2% deaf.

GIFTED AND TALENTED CHILDREN

Public elementary and secondary school survey data from the U.S. Office for Civil Rights (OCR) indicates that the proportion of American Indian students in programs for the gifted and talented has increased from .8% in 1978 to 2.1% in 1986.

Even though the national proportion of Indian students in public school programs for the gifted and talented has increased, marked differences exist among the various states. In the 11 states with 10,000 or more Indian elementary and secondary students, the proportion of children and youth in classes for the gifted and talented ranged from a low of .7% to a high of 3.5% (DBS Corporation, 1986). California with an 80% urban Indian population and Oklahoma whose total Indian student population exceeds that of any other state by nearly 2 to 1 reported proportions of 2.8% and 3.1% respectively. Of the six states with a rural Indian population of at least 75%, that is, Alaska, Arizona, Montana, New Mexico, North Carolina, and South Dakota, only Arizona had more than 2.0% of its Indian students in gifted and talented classes.

DISPROPORTIONATE REPRESENTATION

Over- and underrepresentation of culturally diverse students in certain programs for the handicapped and gifted and talented classes remains a serious concern in special education. After analyzing OCR biannual survey data from 1978 through 1984, Chinn and Hughes (1987) reported that the percentage of American Indians in learning disabilities classes was consistently disproportionately high; whereas, their representation in classes for the gifted and talented was consistently low.

As can be seen in Table 1, American Indian students continue to be much more likely to be in classes for the learning disabled when compared to White students or to the entire student population. Representation in classes for the gifted and talented was less than half of that for the White and total elementary and secondary student populations.

IDENTIFICATION AND EVALUATION

The implementation of fair nondiscriminatory testing and evaluation procedures continues to be an area of much concern in light of the disproportionate representation of American Indian students in certain special education classes.

Referral

Previous research has found that children referred for special education consideration by teachers have a high probability (e.g., 75% to 90%) of being placed in such programs (Algozzine, Christenson, & Ysseldyke, 1982). In contrasting referral rates for Indian and non-Indian students, McShane (1979) reported that Indian students were referred proportionately more often than non-Indian children for poor achievement (48% and 41%), reading or math problems (21% and 4%), being quiet or a loner (13% and 7%), and excessive absences or skipping of classes (10% and 1%). On the other hand non-Indian children, as compared with Indian children, were referred more often for physical or neurological problems (20% and 8%) and bad or nonconforming behavior (14% and 7%).

TABLE 1

Participation of American Indian Public Elementary and Secondary School Students in Selected Special Education Programs: 1986

Program	*Participants as Percentage of Specific Racial / Ethnic Group*		
	American Indian	*White*	*Total**
Gifted and talented	2.1	5.4	4.7
Educable mentally retarded	1.1	.9	1.1
Trainable mentally retarded	.2	.2	.2
Seriously emotionally disturbed	.5	.6	.6
Speech impaired	2.8	2.6	2.5
Specific learning disabled	5.7	4.3	4.3

*Based on enrollment in U.S. public schools, kindergarten through 12th grade.

Note: From *Elementary and Secondary School Civil Rights Survey, National Summaries* by DBS Corporation, 1987, Washington, DC: Office of Civil Rights, U.S. Department of Education.

Assessment

Interest in the assessment process as it relates to American Indians has centered on test instruments, procedures, and practices.

Scores on various achievement tests administered to American Indian children indicate that Indian children performed close to the national norm on tests of performance, but considerably below the national norm on the verbal tests (MacArthur, 1969; McShane, 1980). When disparity in scores occurs, the verbal score often carries greater weight in the interpretation of test scores (Browne, 1984). Interpretation, therefore, reflects primarily the problem areas for many American Indian children rather than the strengths they show on other parts of the test.

McShane's (1979) study of the assessment procedures and practices in use with American Indian students indicated that:

- Only 8% of the evaluation reports contained any indication that the culture or race of the student was an important factor in the evaluation process.
- In the administration and scoring of the Wechsler, 70% of the test was administered to Indian children in a nonstandard manner compared with 25% of test administrations for non-Indian children. Circumstances of nonstandard procedures included omission of subtests (e.g., vocabulary), administration of a partial test (e.g., performance portion), and/or scoring anomalies.
- Involvement of Indian parents in the evaluative process is lower than for non-Indian parents, 22% and 37% respectively.

Several alteratives have been suggested to reduce the bias associated with the use of standardized tests. The language barrier remains, however. Difficulties associated with the translation of tests into a native language such as Navajo include:

1. Different level of syntactic difficulty . . . which could not be overcome by paraphrase;
2. Differences in the way English and Navajo languages organize experience into concept units;
3. Accidental similarity of concept words in Navajo that have no such similarity in English;
4. Different range of meaning in concept words in Navajo leading to duplication of Navajo test words in items that are not similar in English. (Rosenbluth, 1976, p. 33)

The development of tests specific to a tribe or cultural group is costly and would require combined efforts of linguists and native speakers.

Culture, English proficiency, test-taking attitudes, test anxiety, and unfamiliarity with test items outside of the child's cultural and/or linguistic milieu have all been found to influence test performance (McShane, 1980; Seyfort, Spreen, & Lahmer, 1980). Since changing the administration of a test will alter its reliability, the interpretation and use of test results are promising areas for improving present assessment practices. The recommendations of the psychologist and other members of the assessment team can address language and culture issues and how these may have influenced the assessment results.

In light of the key role that assessment personnel can play in interpreting test results, the need for such personnel to be knowledgeable about the student's culture and language is evident. An individual familiar with language or culture of the students will be more likely to recognize nuances which might not otherwise be identified or might be misinterpreted.

PARENT INVOLVEMENT

Special education has long recognized and supported active parental involvement in the education process. Public Law 94–142 and its implementing regulations embody this principle in terms of parental involvement in the development of the individual education program

(IEP), parental consent for initial placement in special education, parental notice, and procedural protections with regard to resolving disagreements. Communication with parents, moreover, is to be in their native language.

After passage of the Act, parents of handicapped children received information on their rights and the educational responsibilities of public and Bureau of Indian Affairs schools. Recent research, however, indicates that Indian parents are significantly less informed about their rights under P.L. 94–142 than White parents. Connery (1987) found that less than 25% of the Navajo parents surveyed were aware of the law's existence as compared with over 75% of the White parents. In both groups, however, 68% indicated that they did not understand their rights under federal special education policy.

To enhance communication and interaction between Indian parents, school, and social and health agencies in rural areas, states such as Minnesota utilize trained Indian liaisons (Stuecher, 1985). The liaisons, or "Indian advocates" as they are known, interpret and communicate the concerns of Indian parents to school personnel, explain aspects of special education and rehabilitation, and facilitate interagency contacts.

PERSONNEL

Federal Indian self-determination policies, high staff turnover, and low student achievement and expectations have fueled efforts to increase the number of Indian teachers across all education disciplines. Ramirez and Tippeconnic (1979) urged that efforts be undertaken to increase the number of American Indian special education and related services personnel and that Indian education course work be an integral component of all training for personnel involved in the education of American Indian children with handicaps.

Gajar (1985) reviewed components of a graduate program for American Indians in special education that combines elements of special education and Indian education training. Other training programs have been field-based and have focused on infusing bilingual special education into existing special education course work (Baca & Miramontes, 1985). Such training permits students to gain valuable experience within the context of local Indian communities while at the same time fostering greater tribal and community involvement.

In 1985 there were at least 10 federally funded training programs located in various sections of the country preparing American Indian special education teachers, diagnosticians, speech pathologists, administrators, and paraprofessionals (Gajar, 1985). Unique features of some of these programs include intensive summer sessions with optional course work during the academic year; inclusion of bilingual education courses; seminars focusing on issues related to the education of Indians with handicaps; tutorials to reinforce course content; and guest lecturers.

POLICY ADVANCES

Existing federal policy pertaining to American Indians with disabilities can be traced to the inclusion of the Secretary of the Interior and Indian tribes within broad legislative enactments for special education and rehabilitation. Funding for the Secretary of Interior under the Education of the Handicapped Act (EHA) and Indian tribes under the Rehabilitation Act is in the form of a set-aside of the total amount available to the states.

Special Education

The set-aside for the Secretary of the Interior under the EHA state grant program has had a significant effect on BIA elementary and secondary education funding and policy (Figure 2). Subsequent to the participation of the Secretary of the Interior under Part B of EHA, identifiable on-going fiscal support for special education was established within Department

FIGURE 2

Evolution of Education Policy for Children with Handicaps Served by the Bureau of Indian Affairs (BIA)

1974

Secretary of Interior eligible to receive not more than 1% of the funds available for state grants under Part B of the Education of the Handicapped Act (EHA). (P.L. 93–380)

1975

Secretary of Interior to comply with rights, procedural protections, and administrative requirements under Part B of EHA (P.L. 94–142).

1977

$2.0 million earmark for special education within the BIA school operations budget; report on unmet special education needs. (appropriations legislation)

1978

$5.0 million added to the special education earmark within the BIA school operations budget. (appropriations legislation)

Special education administrative unit established within the BIA Office of Indian Education Programs.[1]

1979

$7.0 million special education earmark maintained within the BIA school operations budget. (appropriations legislation)

Line item funding established within the BIA school operations budget for handicapped children in residential facilities.

Weighted student units for handicapped children included within the final regulations for the BIA Indian School Equalization Formula.

1985

BIA Special Education Standards issued as final regulations.[2]

1986

EHA state grant set-aside for the Secretary of Interior increased to 1.25%; mandated services for handicapped children age 3–5; expanded public participation requirements. (P.L. 99–457)

Secretary of Interior eligible to receive 1.25% of the funds available for state grants under the handicapped infants and toddlers program. (P.L. 99–457)

[1]Prior to this time projects for the education of children with handicaps were planned and coordinated through a field office—the Indian Education Resources Center, located in Albuquerque, New Mexico.

[2]Proposed regulations issued in 1980.

of Interior funding processes, and detailed special education policies to govern the provision of special education and related services were adopted.

Special education program planning and development was further buttressed by the enactment of Title XI of the Education Amendments of 1978, P.L. 95–561. This legislation aimed to improve the overall effectiveness and responsiveness of Bureau-operated and -funded schools through the adoption and implementation of a funding formula, academic and dormitory standards, Indian education policies, and other standards. In establishing these policies and procedures, specific provisions were included for the education of children with handicaps. The funding formula, for example, includes weighted student units for children in part-time and full-time special education programs and incorporates fiscal support for the handicapped within BIA elementary and secondary funding procedures.

The Education of the Handicapped Act Amendments of 1986, P.L. 99–457, reaffirmed the institutionalization of special education programs and services within BIA education and enlarged the Bureau's role with respect to young children and infants with handicaps.

Strengthened State Grant Participation. In terms of BIA's participation under the EHA state grant program, the 1986 EHA amendments

- Ensured that the Secretary of Interior will receive payments under the Act (previous legislation left this to the discretion of the Secretary of Education).
- Increased the set-aside percentage reserved for use by the Secretary of the Interior from 1.0 to 1.25%.
- Required the Secretary of the Interior to ensure that there are public hearings, adequate notice of such hearings, and an opportunity for comment by members of Indian tribes, tribal governing bodies, and designated local school boards before adoption of special education policies, programs, and procedures.

Preschool. Section 404 of the Act further requires the Secretary of the Interior to ensure that Indian handicapped children aged 3 through 5, on reservations served by the Bureau of Indian Affairs schools, receive special education and related services by or before the 1987–1988 school year.

Early Intervention. In authorizing funding to assist states in developing comprehensive early intervention services for handicapped infants and toddlers (birth to age 2) and their families, P.L. 99–457 specifies that the Secretary of the Interior is to receive 1.25% of the funds available to the states. Such funds are to be used for the development of a comprehensive, coordinated, multidisciplinary, interagency program on reservations served by BIA schools. To receive funds, the Secretary of the Interior is required to submit an application to the Secretary of Education specifying such things as (a) the lead agency that will be responsible for the supervision, administration, and monitoring of early intervention programs and activities; and (b) the establishment of an interagency coordinating council. The accompanying legislative history indicates that the Department of Interior is expected to enter into interagency agreements with agencies such as the Indian Health Service and the Department of Health and Human Services to carry out the purposes of this program (U.S. House of Representatives, 1986).

Discretionary Programs. Other P.L. 99–457 amendments include provisions to ensure that Indian tribes and Indian community colleges are eligible to participate in EHA discretionary programs concerned with personnel training, parent training and information, and early education.

Rehabilitation

In response to service delivery difficulties relating to multiple state and federal jurisdiction, socioeconomic conditions, and cultural and linguistic diversity on Indian reservations (Navajo Nation, 1977), the 1978 amendments to the Rehabilitation Act authorized tribal vocational

rehabilitation projects. While any tribe on a federal or state Indian reservation is eligible to participate in the program, limited funding and other administrative and procedural problems precluded other tribes from seeking funds under this program (Ramirez, 1986). Until recently the Navajo Nation was the sole tribe to receive funds to plan and develop a tribal vocational rehabilitation program (Morgan, Guy, Lee, & Cellini, 1986).

The 1986 Amendments to the Rehabilitation Act, P.L. 99–506, made several important changes to the federal rehabilitation program in terms of increased attention to the needs of Indians with handicaps and broader involvement of Indian tribes and federal health and social service agencies with responsibilities for American Indians. In addition to the provisions discussed in the following sections, the Act called for a national study on the special needs and problems of Indians with disabilities as well as afforded Indian tribes an opportunity to participate in many of the programs and activities authorized under the Act.

State Vocational Rehabilitation. Section 202 of P.L. 99–507 requires states to actively consult with Indian tribes and tribal organizations in the development of their state plan for vocational rehabilitation. The accompanying legislative report (U.S. House of Representatives, 1986) specifies that the consultation process should involve "the governing bodies of Indian tribes, intertribal organizations, and tribal organizations particularly concerned with problems of the handicapped" (p. 21).

American Indian Vocational Rehabilitation Services. In an effort to expand and improve this program and make it more responsive to the needs of Indians with disabilities on reservations, the 1986 amendments made the following legislative changes: (a) guaranteed the program a minimum level of funding of at least 1.25% of the total amount available to the states; (b) authorized consortia of Indian tribal governing bodies as eligible recipients; (c) reaffirmed traditional American Indian healing practices as part of the rehabilitation process; (d) clarified that grants could be awarded for as many as 3 years; and (e) made other procedural improvements so that the program is administered similar to other rehabilitation grant programs.

SERVICE DELIVERY AND RESEARCH NEEDS

This section details future directions based upon the reported number of handicapped and gifted students, the literature, and recent policy advances.

Children Served

Children with Handicaps. In most respects the number of American Indian children receiving special education and related services is reflective of national trends. There are, however, some paradoxes that require further study. Among American Indians, handicapping conditions such as fetal alcohol syndrome and hemophilus influenza meningitis have been reported to occur at higher rates than the general population, yet the number of Indian children with mental retardation has decreased since the late 1970s. The prevalence of otitis media among young American Indian children has also been reported to be extemely high (McShane, 1982; Scaldwell and Frame, 1985). With respect to otitis media, McShane indicates there is a need to clarify the connection between this middle ear disease and language and psychoeducational disabilities.

The consistently high percentage of Indian children identified as learning disabled is an area that needs further inquiry. It is not clear whether some of these students are receiving special education because other instructional alternatives are not available, learning disabilities is a more socially acceptable label, or differences in the cognitive style of American Indians exist. In terms of assessment practices, information is needed on the indices and criteria used to categorize children as learning disabled, the weight afforded culture and

language as well as other social influences and the role of teachers and other professionals in the assessment process. Such study also needs to consider the effectiveness of these programs.

Gifted and Talented. Increased educational opportunities for gifted and talented students have generally been hampered by the absence of state policy requiring the identification and provision of services to these children. The BIA, for example, lacks policies requiring the identification and instruction of gifted and talented students. Other than 3 or 4 experimental projects, gifted and talented students do not receive specialized instruction in BIA schools.

Narrow definitions of giftedness, for example, intellectual levels or academic performance, have also contributed to the underrepresentation of American Indian, Black, and Hispanic students in gifted and talented programs (Masten, 1985). Tonemah (1987) proposed that American Indian gifted and talented students can be identified using four categories of criteria: aesthetic abilities, acquired skills, tribal/cultural knowledge, and personal/human qualities. Increasing the number of Indian students in programs for the gifted and talented will necessitate continued attention to traditional as well as nontraditional assessment practices.

Identification, Assessment, and Placement

Prereferral is receiving increased attention in terms of the identification and provision of effective instructional services prior to referring culturally diverse students to special education. How this practice relates to American Indian students needs to be examined in view of their overrepresentation in learning disabilities classes and the existence of other federally supported programs such as Chapter 1 and Indian Education in many schools serving American Indian children.

Research previously cited indicated that the evaluation reports for American Indian students generally did not contain any information regarding the culture or race of the student. The influence of culture, language, and other pertinent social charactersitics need to be reflected in the psychological evaluation reports of such children, youth, and adults.

Parental Involvement

Tafoya (1986) has emphasized the need to understand the family structure, child-rearing practices, social norms, and institutions of Indian families in developing parent involvement and training activities. Cunningham, Cunningham, and O'Connell (no date) examined the differing cultural perceptions of American Indians on special education to understand child development, family relationships, and authority relationships. They have developed a process for understanding cultural perceptions among various Indian groups.

Tribal traditions and ceremonies and family relationships and responsibilities are important aspects of American Indian life that can affect parent participation. This area needs to receive greater attention in the literature as does the training and support of American Indian parents as advocates. Traditional models for advocacy may require modification and/or elaboration prior to their application in American Indian settings.

Personnel

American Indian professionals in special education, gifted education, related services fields, and rehabilitation are very much needed in all levels of endeavor (i.e., direct services, personnel preparation, research, administration). This will necessitate continued support for existing projects, the development of training programs in other disciplines, and specific efforts to recruit American Indian students into various other types of training programs. Others involved in the preparation of American Indian special education teachers, administrators, and related services personnel need to have access to the unique features of existing American Indian training programs, such as, course content related to learning styles, culture, language, and parent involvement; practica; and recruitment and retention strategies.

In particular the training of individuals as psychologists and diagnosticians needs to include course work and practica which increases sensitivity toward cultural and language differences

and how these considerations can influence the identification, evaluation, and placement process.

Early Education

In addition to providing needed services to American Indian infants and toddlers, the newly enacted federal early education legislation provides an opportunity to develop and refine service delivery to Indian families and communities. As BIA and the states begin to plan and develop early intervention programs and services, careful consideration needs to be given to areas such as the following:

- Cooperation with Indian Head Start programs to provide additional opportunities for children with various types of handicaps. While an extensive network of these Head Start programs already exists, additional resources and support will be needed to provide a full range of services as well as to increase their capacity to serve young children with more severe handicaps.
- Involvement of Indian tribes in the planning and development of state and BIA early intervention delivery systems. States need to include Indian representation on the interagency coordinating council and/or establish procedures for ongoing consultation with tribes and Indian organizations. Likewise, both BIA and the states need to establish cooperative relationships with the Indian Health Service at national, regional, state, and local levels.
- Development of model or innovative service delivery systems at the community level. Earlier demonstration projects in Indian communities for young children with handicaps and their families have fostered community understanding and support (Johnson, Ramirez, Trohanis, & Walker, 1980). O'Connell (1985) described a family systems approach which takes into consideration characteristics related to variations in family membership and relationships, cultural style, and ideological style to ensure that service providers function effectively within American Indian communities. Such projects should also encompass the design and implementation of local collaborative interagency activities.

Rehabilitation

The underutilization of vocational rehabilitation services by American Indians with disabilities was a major consideration in the establishment and strengthening of the provisions authorizing Indian tribes to administer vocational rehabilitation programs. This option combined with the assurance that states must consult with Indian tribes and organizations in the development of the state vocational rehabilitation plan should provide increased opportunities for American Indians with disabilities. As a part of consultation, it will be important for states to develop formal, ongoing relationships with tribes. Given that some tribes may be unfamiliar with vocational rehabilitation, it will be encumbent upon state vocational rehabilitation offices to solicit and sustain tribal involvement and participation.

Rehabilitation, employment, and community services needs to be a priority for American Indian tribes and communities. For many individuals with handicaps, leaving the school system means an exit from services. American Indians are significantly less likely to be rehabilitated than clients from the general population (Morgan & O'Connell, 1987). Transition needs to be understood in relation to schools, agencies, and businesses in reservation and urban settings and factors identified by Morgan and O'Connell (1987) contributing to the poor rehabilitation of American Indians such as lower socioeconomic status, disabilities related to alcohol and drug abuse, and the inability of counselors to locate clients and complete the rehabilitation plan.

Because of the high unemployment rates on most reservations, labor market anaylses can facilitate the identification of existing and future employment opportunities for persons with disabilities. With such data tribes and other agencies can include individuals with disabilities in their vocational education training programs and economic forecasting.

SUMMARY

There has been substantial progress in the availability of services to American Indian children and youth with handicaps. Recent federal policy advances will extend this momentum to early education and vocational rehabilitation. The growing attention to the needs of American Indian gifted and talented students is also encouraging and long overdue. These efforts need to continue in view of disparaties across states, tribes, and programs.

The provision of services needs to be bolstered by training, research and demonstration, and the development of a knowledge base specific to American Indians with exceptionalities. Several areas of future inquiry have been suggested. Each area of service delivery is in need of greater scrutiny in terms of various exceptionalities, geographic and community settings, school type, and American Indian tribes and groups. Other important topics such as advocacy, curriculum and instruction, and transition, although beyond the scope of this chapter, also need to be explored.

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